

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		14	2/16
FORMALITY REVIEW	W	676	24/26/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-29-01
2	✓	✓	1-13-02
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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15	✓	✓	
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17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	N	
22	✓	N	
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If more than 150 claims or 10 actions  
 staple additional sheet her

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